

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> X OTHER	7. UNIT AGREEMENT NAME San Juan 30-6 Unit
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME San Juan 30-6 Unit
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	9. WELL NO. 413
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1515'S, 1441'W	10. FIELD AND POOL, OR WILDCAT Undes. Fruitland
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T-30-N, R-7 -W N.M.P.M.	12. COUNTY OR PARISH 13. STATE Rio Arriba NM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6340' GL
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	
NATURE OF INTENTION TO:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TEST <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	
SUBSEQUENT REPORT OF:	
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*	

It is intended to perform a casing repair on this well in the following manner:

Rig up choke manifold, kill lines and pump truck. Test lines and manifold to 2000 psi. Kill well w/weighted fluid. RU workover rig. NDWH. NU BOP. Test to 2000 psi. TOOH visually inspecting tbg. Set retrievable bridge plug near top of liner hanger @ 2810'. Circ. hole clean. Test plug to 2000 psi. Run casing analysis and caliper log. Retrieve bridge plug. Run 5 1/2', 15.5#, K-55 8rd LT&C tieback string to surface. Cmt tieback string to surface w/240 sx. cmt. WOC 12 hrs. TIH w/4 1/2" WO bit on 2 3/8" tbg & clean out stage tool @ 2770' w/weighted mud. TOOH and lay down bit. TIH w/3 1/2", 9.3# FL4S tbg. and land near bottom @ 3089'. ND BOP. NU WH. Circ. hole w/fresh water. Shut well in for build up.

The intent to perform this emergency casing repair was reported to the BLM answering service at 4:55 p.m. 5-25-88 and reconfirmed by Ken Townsend on 5-26-88.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Drilling Clerk()

DATE

05-27-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APPROVED

JUN 09 1988

JUN 09 1988

*See Instructions on Reverse Side.

NMOC

DIST. 3

AREA MANAGER